

GAC Medicaid Transition Residential Services Work Group
April 30, 2015 1:30 p.m. - 3:30 p.m.

Present: Melinda South, Victor Schaffner, Bill Monaghan, Gary Mears, Laura Waterland, Kathie Cherry, Kimberly Reinagel-Nietubicz, Terry Olson, Lisa Green, Frann Anderson, and Libby Cusack. Eddi Ashby (DDDS) also attended the meeting and will fill in for Frann Anderson while Frann is out on leave.

Non-committee members in attendance included: Lisa Elias, Carol Kenton, and Daniese McMullin-Powell (for Kyle Hodges).

Libby Cusack: Alright, if we could just start around the room for introductions first and then we'll get started, I'm Libby Cusack.

We'll go to the left, this way.

Kathy Sherry: Kathy Sherry.

Male Speaker: (Inaudible)

Victor Shafner: Victor Shafner.

Female Speaker: (?) Anderson.

Melinda South: Melinda South.

Lisa Green: Lisa Green.

Eddie Ashby: Eddie Ashby.

Female Speaker: And Eddie, you are with...

Female Speaker: Eddie is going to be my replacement while I am out. She is joining us today and she will join us next Thursday and she will take over the following Thursday.

Female Speaker: Carol (?).

Female Speaker: (Inaudible).

Female Speaker: (Inaudible).

Female Speaker: Kyle is not going to be here today? Laura is here,

right? Laura. Have you heard from...Tim is not going to be able to join us today. Jamie is not going to be here today. Kimberly is going to join us on the phone. She hasn't chimed in yet.

Male Speaker: (Inaudible)

Female Speaker: Did anyone hear from Gary Mears?

Just quickly to go through the ground rules again for our guests. Meetings are being recorded. The recorder is right here, so announce your name when you speak and make sure you speak up. One person talks at a time. Limit phone calls during the meeting. We are going to start and end the meeting on time. We are going to stay on the agenda. Do the homework prior to the meetings. Guests may participate in the meetings, but only committee members may vote.

Transcript from last week's meeting - last week we agreed that for the transcript, if you see a significant update you would like to submit, you can send that to me and I will forward it on to Fran, I guess, and Fran will forward it on to...

Female Speaker: I have a response to that question actually. If you want me to do that now or wait?

Female Speaker: Sure.

Female Speaker: I brought that issue up with Jane about (phone ringing in the background) Vickie making changes to the transcripts where information is incorrect. Jane wanted more information about what the request was, because the transcripts are the exact recording of what transpired at the meeting, and if Vickie starts to go back and make changes, then you no longer have an accurate transcript of the meeting.

Female Speaker: Okay. I wasn't thinking that someone would change the verbiage as much as correct Pat Michael, versus Pat Michael. People's names and things like that, but nobody as far as I know submitted anything from the previous meeting.

Female Speaker: Jane's suggestion was that at the next meeting anybody who found any corrections they want to make, to announce it at this meeting and then it would be in the transcripts again for correction.

Female Speaker: Good. Okay. Alright. Action items from last week.

You have the list. I included some of the items that we had written down last week on this action item list so we don't forget about going back and talking things like, settings that isolate, guardianship, and those type of items. You will see that those were added to the action item list.

If you start with the shared-living provider, you were going to follow up on that?

Female Speaker: Yes. So, the question was, has there been a shared-living provider identified to participate on the home and community based transition team? The division director has reached out to a shared-living provider and was waiting to hear back from the provider. This also happens to be contract time, and the shared-living providers will be coming in to sign contracts. If the division director doesn't hear from the person she reached out to, she will talk to some other shared-living providers that are coming in to complete that process about sitting on the committee.

Female Speaker: Alright. The next one was ELP ILP HRC template documents.

Female Speaker: The director of policy is pulling those items together and I hope to have them for the next meeting.

Female Speaker: If you happen to have those in advance of the meeting, if you could send those to me and I will send those out.

And Terry, you were going to follow up on the HRC documents as well?

Terry: Yeah, I did email that out to everybody yesterday. It's a rights and restrictions assessment and I included some references to those portions that I thought might be most valuable.

Female Speaker: The other items are either closed or we are going to add those to an agenda, a future meeting agenda.

Gary, would you like to introduce yourself?

Gary Mears: Gary Mears, representing the Developmental Disabilities Council.

Female Speaker: Thank you.

So, the action items, anything else from the action item list that

anybody has?

Female Speaker: I have a response to two of the questions. One question was, has Tennessee received any feedback from CMS about their assessment tool. As far as Jane knows, she is not aware of any feedback on any assessment tool. And there was a question about whether or not medical homes would follow the same process as the other providers, and the answer is yes.

Female Speaker: So people in medical homes are going to follow, to use the same assessment. Because I don't know what a medical home means, what does that mean?

Female Speaker: A medical home is one of the residential settings where somebody has high medical needs. There may be more nursing time there, or there may be people with feeding tubes, or things that we consider high medical need.

Terry: This is Terry. That's not a formal designation is it Fran?

Fran: No, we don't identify it as such, but I think someone who, I forget who asked the question, somebody who is putting one together, or running one is referring to it that way. They had particular homes in mind that they, had in mind.

Female Speaker: Anything else?

Fran: No, that was the last one.

Female Speaker: So, the medical homes would be included in either a group home or an apartment or one of those other categories?

Fran: Yes.

Female Speaker: Okay. And just to make sure we have that in front of us for the acronyms, based on the Delaware's Transition Plan, I just pulled out the residential places that we have here in Delaware. So, neighborhood group homes, community living arrangements, shared-living arrangements, supported living, and a little bit of definition on those.

And before we get into the next part, we talked about defining some of the terms, so I started the list. As we come up with other terms that we want to define, or if we want to define those, we can do that as we go along.

Next up is the combined assessment document. Did everybody get a copy of this handout? I hate to waste paper, but as I was pulling, combining the documents, I started using this and it was a little bit easier because it was all on one page. This is basically the questions from the basic element review tool without all the answers and other space. I just put it on one page. Because, as we start going through this document, and I hope everybody got a chance to look at it.

First, I will apologize. The document took a lot longer to pull together than I thought. So, I didn't correct any formatting issues. As I was copy and pasting some of these things, it tended to like the numbering above it, so it would continue with that and I tried to correct it if I noticed it. So there are some formatting issues and some numbering issues. But, I did try to ensure that all the questions from those assessments were included in the combined document.

And, when I started the document, it seemed to me that if CDDS has to complete the questionnaire and return it to whomever through that review tool, the basic element review tool, that I thought maybe we should group the other state's questions under those highlighted in yellow, those questions.

So, as I went through the South Dakota assessment, I tried to group those questions based on the CMS basic review tool, element review tool. Does that make sense?

Female Speaker: Mmm-hmm.

Female Speaker: The other thing I just wanted to point out that, some of these questions, and if you look at them on this piece of paper, you will notice, some of the questions are kind of duplicated. Personal resources. I mean G has controlling personal resources. D is controlling personal resources. So some of those questions below those two might be duplicated, or some might have gone under D and some under G.

When we are talking about independence under B, independence and making life choices, I mean a lot of these other questions have to do with independence. Can they have visitors? Can they furnish their room? Can they eat at any time? That's all kind of independence related questions. I did my best. But, there will be some questions under one that could be used to another one. So, I think that's all I had before we started.

Male Speaker: Libby, just so I'm clear, am I understanding that DDDS is going to have to answer each of these questions, A-S, from the element review tool summary?

Libby: That was my understanding based on looking at this document that was distributed to us. HBS basic element review tool for state-wide transition plan version 1.0. That they are going to have to complete this questionnaire and send it back. The questions that are highlighted in yellow came from pages 9-13 in this document that we reviewed, I think, two weeks ago.

The other questions that are noted as exploratory questions, that was another document that was distributed at the first meeting. It looks like this. It came from the CMS website as well. It's called "exploratory questions". So, the ones that are noted as exploratory questions, this is the document that it came from. And as far as order, I started with HBS, this one, the review tool, and then put the exploratory questions next, and then went through the state assessments.

After I pulled all of this together, it was Tuesday, so I sent it out without really looking through it. Then, since then, I read through it and it kind of made sense to me. It didn't seem like it took a whole lot of time to run through. It seems like most of the states were using the exploratory questions or variations of those. So, hopefully we will be able to get through the bulk of this today.

Any questions before we get started?

So, if we start with A. I don't know if people made notes or if you have comments. I don't think we want to read through every one that's on this document.

Terry: This is Terry. This just seems to cover so many separate items from my perspective. It would be impossible to kind of measure, but maybe that's just my perception.

Libby: Well, the other option we have now is thinking it might be more fun to start with the bottom and go up. Cause, is the setting physically accessible, under S. Those are pretty simple questions, along with visitors, and schedules. So, we could go backwards or start at the top. The first question does include a lot. And what we include under A might also be a question under another letter. So, maybe if we skip the first two, cause they kind of encompass quite a bit, and

start with C.

Terry:I like that idea.

Libby:Okay. Anybody have a better recommendation? Another recommendation?

Female Speaker: Nope.

Libby:Alright. Let's start with C. C is the (reading) settings facilitates individual choice regarding services and support and who provides them.

Female Speaker: That is page...

Libby:Page 7 on the bottom and goes into page 8. And I guess with this one, I was kind of wondering what service and supports, how we would define that, or how that's defined. What kind of services and supports?

If we look at the exploratory questions on page 8 - (reading) do staff ask the individual about his/her needs and preferences and are individuals aware of how to make a service request. I mean...

Melinda:This is Melinda. I wasn't sure what they were talking about when they meant "service request". Anybody game?

Female Speaker: No. That's confusing to me as well.

Terry:This is Terry. That could anything from asking for a specific support, say with dressing, for example, or seeking out an occupational therapist, or anything in between, from my perspective.

Libby: So, that was one of the ones I put up on the board. Maybe if we want to put some examples of service and supports, or what we think might be included under service and supports.

Terry, you had a couple examples. Assisting with personal needs.

Terry:Yeah, ADL's I think would be in there. That is an acronym for activities of daily living and tends to be a focus for most, particularly with residential service providers.

Lauren:This is Lauren. Does this link into the service plan?
(Inaudible) There is a list of services...(Inaudible)

Fran: This is Fran. Some of these would link into the individual service plan. Again, if this is a self-assessment, and we are looking at tools within the agency, this is the ISP is something that would be done by state staff. That is not to say that you wouldn't be able to use it, but there would have to be some thought about the participation of the provider in that process.

Female Speaker: I guess it would be, in terms of providing some of the things we are looking at (Inaudible).

Female Speaker: What was that?

Female Speaker: It was one of the things that people usually ask for or need. When you are looking at or brainstorming different things, that would be an already put together list.

Fran: This is Fran. That information certainly would in part be in the ISP and also you might find some of it in the ELP.

Libby: This is Libby. So, that would include things like the ADL's and what other types of high level items would be in those documents?

Fran: This is Fran. It could include medical needs. It could include nutritional needs. It could include behavior plans.

Libby: This is Libby. So, under that definition or examples, it could be requests for medical assistance, or therapy...

Female Speaker: Supports. It could be occupational therapy, psychotherapy, psychiatric services.

Female Speaker: Okay. So, if we use those examples...

Lisa: This is Lisa. Something that is new now that we do ask, are you happy with the services? Would you like to use a DDDS nurse or a nurse from another agency? Would you like...

(Please press any key to remain in conference)

Lisa: ...a DDDS behavior analyst or a contract behavior analyst? So there are some specific things that we do ask, the nursing, the behavior analyst, DDDS social worker, we don't ask. They don't get a choice of those. They only really get a choice of their nurses and as far as DDDS, as far as those contracted services. But we do ask

about medical doctors. I think that word is "services and support" is not a great term.

Libby: This is Libby. If we use services and supports, and for example, ...assistance with (Inaudible) living, medical requests.

Lora: This is Lora. It's just a standard, I mean like, now the Medicaid waivers call DSAP+ for long term services and support. It's a standard term.

Female Speaker: It's a standard term that is used a lot.

Terry: This is Terry. I think it is used very ambiguously in various contexts.

Libby: This is Libby. So it is defined in that document?

(Talking over each other)

Female Speaker: The range of services that that are available under the Medicaid plan and based on individual needs.

Female Speaker: Range of services is more user friendly than services and supports for providers. You know what I mean? Range of services is a more user friendly term. I'm just thinking of providers and the language. Make sense? I'm not sure that ADL's go there, but that is just my opinion.

Fran: This is Fran. I think looking at the waiver would indeed give us the list of services that is under Delaware's home and community based waiver. I think those are the services and supports that Delaware provides under the waiver.

Female Speaker: So, would you be able to send me a copy of that or summarize what some of those are?

Female Speaker: I would absolutely be able to do that.

Female Speaker: And does it include those types of examples?

Fran: This is Fran. I can send you the entire waiver if you like and then you can take a look at it.

(Laughing and talking over each other.)

Female Speaker: A couple bullets would be fine with me. Does it include things like the ADL's and...

Female Speaker: I don't know that ADL's go there, but that's my opinion.

Female Speaker: Would you know?

(Inaudible)

Female Speaker: It's nursing...

Female Speaker: Do you have it in your office here?

Female Speaker: It's nursing, BA's, as far as DDDS, you can pick your own nurse and you can pick your own behavior analyst, you can't pick your own case manager, you are stuck with them as far as the wavier goes. But then, in general, giving people choices, they can pick their own doctors if they are not happy with the doctor. They can pick where they go for physical therapy. Anything in the community, they are able to choose.

Fran: This is Fran. They can pick their day programs, their employment programs. Actually, they may not be able to, they should be given the choice to decide. And the same is true with case managers or someone requests a case manager, they are able to choose, if they know a case manager and they want to switch case managers.

Female Speaker: It doesn't happen.

Female Speaker: So, you are saying that ADL's are not included under this?

Fran: This is Fran. Eddie just went to get the wavier to see specifically, but I don't think ADL's are specifically outlined as a wavier service.

Terry: This is Terry. I wasn't considering it within the context of the wavier itself. It could be more limited.

Female Speaker: Okay. While Eddie looks that up, Eddie, right? Let's move on to D.

Page 9 (reading). The setting provides opportunities to seek employment and work in competitive, integrated settings, engage in

community life, and control personal resources.

Terry: This is Terry. I was going to suggest that those are addressed separately, with perhaps, just address them separately. For example, I think you pointed out Libby, that G asks specifically about control personal resources. So, do we really want to duplicate probes or questions about that in two different locations? That just seems redundant, unnecessary, and inefficient.

Gary: This is Gary. Terry, could you explain that a little more? I'm not quite following you there.

Terry: Well, if you look at item G, it says, the setting provides opportunities to control personal resources. So, it's a fairly discrete question and much more limited in scope than Section D, which talks about employment, work, competitive, integrated settings, community life, and controlling personal resources. I'm of the opinion that anything that broad is very difficult to address and I'm suggesting that we pull out those pieces that are addressed individually elsewhere. And, one examples was G there.

Libby: This is Libby. So Terry, you are saying D would be the setting provides opportunities to seek, or include questions for D that relate to provide opportunities to seek employment and work in a competitive, integrated setting. And community life is F and controlling personal resources is G.

Terry: Okay. They are there. Yeah. Okay. Exactly.

Victor: This is Victor. I do agree it's better to break them apart because, not only for reporting, but for later assessments and look-backs. I just think it will be much, much easier to track if items are separated, rather than combined.

Libby: This is Libby. If we start with seek employment and work in competitive, integrated settings, exploratory questions have to do with employment. Does the individual work in an integrated, community setting? If the individual would like to work, is there an activity that ensures the option is pursued? Does the individual participate regularly in meaningful non-work activities in integrated community settings for the period of time desired by the individual?

Male Speaker: What page are you on?

Libby: 9.

Male Speaker: Okay.

Libby: At the top. Under D. Does anybody have any thoughts about the exploratory questions? I like them. This is Libby.

Terry: This is Terry. From my perspective, asking does the group home or apartment or other residential situation provide opportunities to seek employment and work in competitive, integrated settings, that is kind of, from my perspective, again, forgive me, mixing apples and oranges. The service system determines opportunities for employment and work in competitive, integrated settings. I don't know that the group home does, unless you are considering how close it is to those types of opportunities, but, that becomes pretty arbitrary as well.

Melinda: This is Melinda. I agree with that. I do know that in other states they don't have quite the structure that we do in Delaware for that. And I think that is where these questions come from. However, I do know that we have people who are certainly able-bodied to work, but don't take that option at this point. And I think it's going to come up for some of those people, or we have some people who are offered that, but because of behavioral issues or other issues, they are not able to engage, so I think it's worth it to ask providers, because it won't be covered by the other assessments for the providers who are providing day and work programs. So, I think it's worth it to have something in there. But as we go down, like the third bullet, I said I thought that belonged someplace else, and not in this question here.

Laura: This is Laura. I think it relates back to the engage in community life segment at the top.

Female Speaker: Correct.

Male Speaker: Mmm-hmm.

Female Speaker: So, what about the first two bullets? And, what we can do from here, if it looks like those sound like they would be good to include, I can put them on the include on the Delaware Assessment list, and then we will go back and review those again at another meeting and either modify, revise, delete, add.

So, do we want to say yes to the first two bullets there?

Female Speaker: I say yes.

Female Speaker: Woo-hoo.

Alright, under South Dakota, do individuals work outside the setting in an integrated, community setting? I believe that kind of relates back to the first bullet above. So it's a duplicate.

If the individuals desire to work in an integrated, community setting, are there processes to ensure the opportunity is pursued? Same as the second bullet above?

Bill? Do you have any comments on what we have gone through so far? Or any questions?

Bill:No. I do have one thing. This is Bill. Under the discussion rules, we should put respect of the people. At the end, we should put public comments.

Female Speaker: Where are you?

Bill:In the agenda. There are people at this table that are not doing respecting others, and I think that is horrible.

Female Speaker: Well, we have one person talks at a time, I can say and respect others. And what was the second one that you mentioned?

Bill:Public comments at the end.

Female Speaker: Well, we talked about at the first meeting that guests can participate in the meeting, but only committee members can vote.

Bill:But they can speak at the end, right?

Female Speaker: They can speak at the end as well.

Hawaii #11, does your client know who can help find a job? Somebody? Anybody? Thoughts?

Kathy: Would that really be the role of the group home provider?

Terry:I agree. This is Terry. I don't believe it belongs in a residential assessment.

Female Speaker: I agree.

Female Speaker: So, we will strike that one for now. Does the client know, does the client have a job?

Female Speaker: Redundant.

Female Speaker: Redundant. Does anybody disagree? Okay. Does the client work with people who do not have a disability?

Female Speaker: Same as the community setting.

Female Speaker: Okay.

Laura: This is Laura. I just have a question of Fran. Are these questions going to be asked someplace else? Not at the residential (Inaudible). It's got to be that somebody owns that question. Is it the, the DDDS itself? Is the DDDS council that is responsible for their work plan? Is it BR? Who is in charge of making sure that people know where to get assistance for location stuff?

Fran: This is Fran. Case manager, and also once they choose an employment setting, then it's up to the provider also.

Laura: So, I'm wondering if the other assessment is going to have that question.

Male Speaker: Exactly. Shouldn't they have an assessment that asks this question?

Female Speaker: And they are working on that. There is not a committee. I'm just wondering, it's an important question to ask. Whether it's residential providers business or not, it's somebody's and it's an important question.

Female Speaker: So, for our purposes, we don't even need to talk about it because we are not going to put it on ours.

(Talking over each other)

Female Speaker: I can put that question over to Suzanna. Right?

Terry: This is Terry. We might want to create a list of those things that we hope are addressed on the dayhab list and just leave them off here. I don't know if someone wants to be a scribe or not, but, it just seems there are a lot of questions here that would be more

appropriate for the day rehabilitation setting.

Gary: This is Gary. Perhaps there will be time at the end of the development of the assessment to take a look at that and make sure there isn't redundancy, I guess, in the questions, unless for some reason it needs to be there, I guess.

Fran: This is Fran. I think this is another one of those questions that probably is really asking multiple questions, and so, a recommendation might be to consider the employment questions to be done by the other group, but there may be some other questions in here, such as control personal resources, that may have to do with the work of this committee.

Male Speaker: Yes.

Female Speaker: What state number is that? Is that question?

Female Speaker: Hawaii #11.

Lisa: This is Lisa, I sat in on the dayhab and employment (Inaudible) and these are sounding familiar. We looked over several statements including Hawaii, and it's true that some of the states mix the questions more than you are hoping to. I will write these down too.

Female Speaker: Okay.

Female Speaker: All of us can talk to Suzanna about it.

Female Speaker: Okay. Good. Thank you. Connecticut. Is the individual employed in the larger community?

Male Speaker: That's a dayhab question.

Female Speaker: Okay. Dayhab.

Female Speaker: Anyone else want to do this?

Male Speaker: Yeah, that would...

Female Speaker: You want me to help?

Female Speaker: Sure.

(Inaudible)

Female Speaker: Sorry.

Female Speaker: So that's D. And what I would like to recommend is let's go through the questions that are on here and shake those out to another list, and then if we need to add more questions, if there is not enough for that topic then we can add additional questions at that point.

So, we move on to E. The setting is integrated and supports access to the greater community. I added "greater community" up to the definitions board, so I think we need to put a definition or examples or something to define that.

Female Speaker: Libby, I have those summary of services.

Libby: Oh, should we go back to that?

Female Speaker: That's up to you. Just letting you know.

Libby: Okay. We will go back to (Inaudible).

Fran: This is Fran, the services and supports. So, the wavier under summary of services includes dayhabilitation, prevocational services, residential habilitation, supported employment for individual, supported employment small group, clinical consultation behavioral, clinical consultation nursing, and supported living.

Female Speaker: Okay.

Gary: This is Gary. (Inaudible)

Fran: This is Fran. Those are the supports that you under Delaware's wavier, home and community based service wavier.

Libby: This is Libby. So, under services and supports we should scratch assisting with the ADL's?

Female Speaker: ADL's is not specifically identified.

Libby: And those are a few of the examples you just mentioned. And, if I could get a copy of that or something, then I will include those.

Gary: This is Gary. That would be a nice operationally defined definition for services and supports you could say, for Delaware and

whatever the rule or wherever that came from.

(Taking over each other)

Female Speaker: Residential rehabilitation you can write down.

Female Speaker: What services are you required to provide under your contract with DD, with the state, under your residential, I mean, residential habilitation is what we are talking about, and that is another subset of services that are provided under that?

Fran: This is Fran. The wavier will then break down residential services and lists services under residential, so, it depends on how pithy you want to be.

Female Speaker: Right. How relevant it is. Well, that's why I am wondering why we are even asking this question. Are we going to ask 50 questions? I don't know why we are breaking it down as far as we are. I don't think we intend to draft questions that are that specific.

Female Speaker: These are the questions that I believe DDDS needs to response to...

Female Speaker: No, I'm asking you like why we need to define services and support in such detail.

Female Speaker: Because I don't know what it means. I would have thought it included ADL's or...

Female Speaker: Well, it may. I mean, I think they are obligated to provide ADL support if that's what's needed.

Male Speaker: Absolutely. That's a big part of what we do.

Female Speaker: Yeah. That's why you mentioned it in the first place. I think, maybe...

Female Speaker: I think that may come in a different category. I think we need to see when we get through that. That's what I am thinking.

Female Speaker: Maybe we need to include this list of services and supports in the assessment. Or is this just for advocacy purposes?

Female Speaker: Well, we are going to put it in our list of questions

that might end up in our assessment, just so we know how to define it. Maybe at some point we will say okay, these three groupings are kind of our examples, and we can say, services and support, for example, blah, blah, blah, nursing, whatever, as examples, so people know. I don't know if all providers use the same terms and lingo for everything.

Gary: This is Gary. What do providers go by as far as what to do to satisfy the state or the federal requirements for services and support? I mean, what do you kind of go by to make sure, okay, we've got that, we've got this other thing over here...

Lisa: This is Lisa. As providers, at the annual ELP, which is held every year, these reports are reviewed. The case manager, or whoever facilitates the ELP, but it's the DDS case manager that is responsible for saying, are you happy with your residential support? Is this where you would like to continue living? And they ask that throughout the year, not just one time. Are you happy with your DDS nursing? Or would you like to obtain another nurse? Are you happy with the support you are getting from a DDS BA, or would you like to...so they are asked, usually by the DDS staff, the DDS case manager?

Gary: This is Gary. So that's at the individual level?

Female Speaker: Yes. And it's really not the provider asking. It's the state that asks those questions.

Gary: I guess what I was kind of thinking is in the spectrum of things that you do provide to cover all of these things for folks, you individually tailor them, but there is a range of supports that you provide that covers hopefully, all of the individuals in the setting. So I didn't know if there was guidance or language somewhere that providers go by to make sure they hit all of those areas.

Female Speaker: I don't necessarily think it's the provider's responsibility. I think it's DDS's responsibility to make sure that all our residents are provided with ADA, a nurse, correct?

Fran: This is Fran. The division has a process whereby we review what we refer to as authorized providers. And those providers will come to us and ask to provide a service and one of those services will fall under the headings that we just read. And once they meet the qualifications for a contract or become an authorized provider, then they can provide the services, and those services then are determined

by a billing code. So for instance, if someone wanted to provide residential services and nursing services, they would have to come before the authorized provider board twice to be able to provide both of those services. So, providers can't just open a residence and provide whatever services they want. They have to be authorized by DDDS.

Male Speaker: For a particular service?

Fran: For each service under those categories. They can provide multiple services, but those are the categories they are authorized under.

Male Speaker: Okay. So the definition kind of comes from you folks. As you...

Fran: This is Fran. We have definitions for all of those.

Male Speaker: I'm just trying to think of something that might standardize some of this so there wouldn't be as much guess work.

(On the phone) This is Kimberly. I just wanted to let you know I was on the phone. I apologize for being late.

Female Speaker: Okay. Thank you.

Fran: This is Fran. Would you like me to get the definitions for the services and supports for the next meeting?

Terry: This is Terry. I suggest we move on or we are going to be stuck on these kinds of inane issues forever. I mean...

Female Speaker: How do we move on? What are we going to agree to here?

Gary: This is Gary. I mean, I would personally like to see that provided if you can do that. That would be great. It would be useful information. I hope that it doesn't complicate it.

Female Speaker: Okay. Well, let's table C for now and we will come back to C at the end of this meeting or next week if we don't have time to come back to it.

Male Speaker: Okay. Thank you.

Female Speaker: We are on E, page 9, access to the greater community.

And unfortunately I think we need to talk about a definition of greater community. Anybody want to start?

Terry: I would say greater community, this is Terry, means any aspect of community life that any other person has access to. I mean, I think it should be defined as broadly as possible and that's about as broad as it gets. The whole purpose of services for person's with intellectual and developmental disabilities is getting them integrated into the broader community.

Female Speaker: So, define that, say that again? Carol? Greater community. Just a couple words.

Terry: The community as...I forgot what I said.

Fran: I have it. This is Fran. I have it.

Terry: You have it?

Fran: I do. Any aspect of the broader community that individuals without disabilities enjoy.

Female Speaker: That was good.

Terry: The broad community as enjoyed by all persons.

Female Speaker: Okay. So, under E, exploratory questions, individuals have full access to the community, the individuals in setting access to public transportation, bus stops, taxi's, van accessible buses...yes?

Terry: This is Terry. I would combine those two.

Lisa: I think if you look, this is Lisa, if you look at page 10, Tennessee #45, that is a good combination. Where public transportation is limited, are other resources provided for the individual to access the broader community. That kind of says it all. Which says, if there is not bus stops or local...you know what I mean? Is DART available? Or is, I think that is all encompassing.

Female Speaker: Does anybody disagree? Comments?

Terry: This is Terry. I know when we are looking for homes, I'm looking for access to public transportation, including bus stops and taxis.

Lisa:Right, but I know in Sussex County, I'm not...

Female Speaker: Okay.

Victor:This is Victor. I still think that is very limiting. If public transportation is limited, are other resources provided to individuals. If you were to say yes, other resources are provided to individuals, does that mean everything is fine?

Lisa:No. It said you would explain to me, where public transportation is limited, if you have public transportation, you have taxis, you have bus stops, if it's limited, what do you have? Then, I would explain you have DART, (?) Transit, or, I think you would give an explanation. That's what I was thinking.

Gary:That allow folks to be in the general community, broader community. This is Gary. Sorry.

Victor:This is Victor. It's just phrased as a yes/no question. So, if we were to make the point that there is room for explanation, or that additional explanation is required, I think that that would be sufficient.

Libby:This is Libby. If I was one of the ones doing the follow behinds, I would rather see less writing, and more yes/no, not applicable, or, those types of responses. I don't know if we can break that one out a little more than just one question. But not eight of them.

Gary:Yeah, I guess, this is Gary, unless it is specifically stated that we have to, if you go back to the town and say where public transportation is limited, are other resources, treat it as a yes/no, and it's yes, do you have to then provide those specific items? I could see where that might be helpful, especially with Sussex County. I'm thinking because their fixed routes are really kind of far apart, right? So, there may be any kind details, whether (?) Transit would be involved or a taxi, or...

Female Speaker: (Inaudible)

Libby:This is Libby. The first question would be is public transportation, such as whatever, available, where public transportation is limited, are other resources provided, (Inaudible), and maybe check boxes below. (?) Transit, DART.

Male Speaker: There should be like phrases that would capture like

being a taxi, that public transportation, and you could say, i.e. DART, regular transit, I guess is the public transportation. Or, maybe (?) Transit.

Laura: This is Laura. Also, some providers have their own. (Inaudible)

Male Speaker: That's true.

Laura: (Inaudible) Public transportation doesn't run all the time even if they are there. They frequently have time stretches (Inaudible).

Terry: This is Terry. I propose we circle preferred bullets here or annotate them. I would suggest that we go with the first bullet there on 19, the third bullet, and I would amend that to say, is an appropriately accessible vehicle available to transports individuals within the community. I would just make it much broader. Then, the last one would be, where public transportation, the last bullet, where public transportation is limited, are other resources provided?

Gary: This is Gary. I'm sorry Terry to make you do that again, but could you repeat that?

Terry: Sure. I think the key questions here, from my perspective, are the first bullet, do individuals in the setting have access to public transportation. The third bullet, which I would amend to say, is an appropriate accessible vehicle available to transport individuals within the community. So, it's not just appointments and shopping. It's anything...

Male Speaker: Trying to be more inclusive.

Terry: Then, the last bullet I think is worth asking as well.

Libby: And the last bullet, this is Libby, is the same as the bullet in Tennessee.

Male Speaker: Yeah.

Terry: I think with those bullets, we have transportation basically covered.

Libby: Bullets 1, 3, and 6. Does anybody have any issue with using those? Or want to include any other ones?

Kathy:4. This is Kathy.

Male Speaker: That's good with me.

(Talking over each other)

Male Speaker: It certainly could include.

Female Speaker: I like that one as well. Posted or available. I don't think you need to post all the bus lines, but is it available online. 1, 3, 4, 6.

Then, the ones on the next page, correct?

F at the bottom of 10 (reading), the setting provides opportunities to engage in community life. The exploratory questions start on page 11. Individuals participate in unscheduled and scheduled community activities in the same manner as individuals not receiving Medicaid's services. Does the individual regularly access the community? Thoughts on that block of questions?

Libby: This is Libby. I believe what I noticed is that the state questions were kind of pulled from that first block of questions.

Terry:This is Terry. I think the first four bullets are probably pretty comprehensive. Talking about activities, some individuals are going to have communication...

Bill:This is Bill. I think the last bullet should be put in too.

Female Speaker: Anybody have any comments on the last bullet? Are we okay...

Female Speaker: (Inaudible).

Female Speaker: I think all five are fine.

Male Speaker: I agree.

Female Speaker: All five are fine. Does anyone oppose any of those five bullets? The only comment that I had written down was the list of things that the individual attends, the third bullet. That's a nice start, but on the next page, there are things like restaurants, and sporting events, and gyms, and classes, and banking, and those

kinds of things. I don't know if we need to include all of those, but...

Terry: This is Terry. Parenthetically we could, and then just include etc., if you want to be more specific.

Female Speaker: Yeah.

Laura: (Inaudible) This is Laura. There is (Inaudible).

Female Speaker: Yes.

Laura: It includes more things. It's a non-exhaustive list.

Libby: Okay. This is Libby. I will include the five bullets under exploratory questions, along with Connecticut 17 and we can look at those at another time.

Gary: That sounds good. This is Gary.

Libby: Any other bullets from page 11, or 12, or 13, that have to do with that question?

The next one is on page 13, G. Control personal resources. And I believe we defined personal resources as personal funds and possessions, previously.

Laura: Laura. Let me ask this, is there any place where they talk about personal possessions? Cause I really don't think this is what they are getting at. I think they are getting at finances. I think that is all they are getting at. If you look at the exploratory questions, none of them are linked to personal possessions. They all relate to...

Female Speaker: Banking.

Female Speaker: Money.

Laura: I think there must be some other area where it covers the issue of being able to own your own things.

Terry: This is Terry. If you look at the (Inaudible) assessment I distributed earlier, item 4, on page 2, deals with other personal clothing and possessions. There are some samples there if we wanted to go through them.

Female Speaker: There were some clothing related questions under independence or hair style and clothing.

Female Speaker: (Inaudible)...decorating their room, but I think they are targeting finances here. (Inaudible)

Female Speaker: Maybe we should just note that somewhere that if we are going to define personal resources as funds, then we need to make sure we are covering personal possessions somewhere else.

Female Speaker: Maybe just a note that says...

Female Speaker: Personal possession related questions that we need to go back and take a look at those.

Okay. The exploratory questions for G, (reading) the individual controls his/her personal resources. Does the individual have a checking or savings account? (Inaudible) Does the individual have access to his/her funds? How is it made clear that individual is not required to sign over his/her paychecks to the provider? Comments on those three?

Female Speaker: They are all good questions.

Female Speaker: All good? Any opposition to those three?

Gary: This is Gary. One and two, the first two bullets are simply yes/no. The, it's kind of open-ended, that last bullet.

Libby: This is Libby. Maybe we can include it on the list for now, and then, I think at some point we will go back and look at these again, and maybe we can turn that into a yes/no question or...

Male Speaker: A multiple choice.

Lisa: This is Lisa. I agree with that.

Female Speaker: All agencies have policies on managing client funds. There is no problem showing (Inaudible) there should be no problem showing proof of managing client funds.

Libby: This is Libby. So we will keep those three. South Dakota, individual (reading) do they know how to get money when they need it. Any thoughts on the remainder there? I think they are all covered in the first bullet.

Female Speaker: I agree.

Male Speaker: Agree.

Libby:H. The setting (reading) provides opportunities to receive services in the community to the same degree of access of individuals not receiving services (Inaudible).

Exploratory questions. Any comments on those bullets?

We all got quiet.

Melinda:This is Melinda. It seems that it goes back to our definition.

Kathy: This is Kathy. It almost seems like this relates back to settings that are totally isolated where everything is provided in a particular area. I mean, Delaware doesn't really have any of that or many of those left. It's something like Stokley, where everything is enclosed, your doctor, your pharmacy, everything is onsite. Do we still have...

Female Speaker: These are the settings that are in the state-wide transition plan; neighborhood group homes, community living arrangements, shared living arrangements, supported living. So, that's what we are focusing on for this assessment. So, do those questions make sense?

Female Speaker: It's unclear.

Male Speaker: Where are you at Libby?

Libby:Top of page 14, exploratory questions. At the bottom of page 14, this is Libby, South Dakota do Medicaid (Inaudible) live or receive services in a different area of the setting separate from individuals not receiving services. I don't know if...

Male Speaker: I think that is a great question actually.

Female Speaker: Better question.

Male Speaker: It's getting at the heart of the thing.

Female Speaker: If you look at Pennsylvania, page 7, on 14, it says indicate if you are providing services from this location. And none

of us, I don't think, are providing any of those services from those locations. I mean daily living, obviously...

Female Speaker: So, does South Dakota D, is that one to keep?

Female Speaker: It's the same as bullet point 1, right?

Female Speaker: Is it?

Female Speaker: Mmm-hmm.

Female Speaker: Okay. So we will keep bullet point 1.

Male Speaker: Whichever one you like better.

Female Speaker: I think South Dakota says it better. Anything else on page 14? Top of page 15?

Laura: This is Laura. Could we go back to the second one?

Female Speaker: Mmm-hmm.

Laura: We talked about this a little bit last time, and I know you didn't like the terminology, but I think the concept they are getting at is are these residences located in residential areas that are, and have access to retail facilities that you would typically find in a residential setting, in a residential neighborhood. That's what they are trying to get at. Or are they off by themselves or you know, not in a commercial area. Not where you would typically find a residence. I think that is what they are trying to get at.

Female Speaker: If you look back at page 13, the H, the setting provides opportunities to receive services in the community. I guess, what services and how are we defining services.

Gary: This is Gary. I mean, they are focusing on segregation on all those questions. Each bullet is trying to tease that out somehow. Who ever created the bullets?

Libby: This is Libby. This, I just kind of put this section under this question, H, it may be more applicable under one of the other ones.

Laura: I guess a question that should be asked, I don't know where you want to put it, but, or if you want to rephrase it somehow. I think it's important to ask. Where is it located relative to, it gets

back to the community...

Libby: Is that access to the greater community?

Laura: Well, it is. It is access to the greater community. That's exactly what it is.

Male Speaker: Inclusion.

Female Speaker: Maybe it should go under there.

Libby: Under E. So the second bullet would work under E?

Female Speaker: I think so.

Libby: Anybody have an issue with that, before we move forward?

Any other ones from that page? Thoughts on any other ones?

The next one is I, on page 15. (Reading) The setting is selected by the individual from among options including non-disability specific settings in a private unit in a residential setting.

Female Speaker: Could I ask a question? (Inaudible) How does this relate to people in existing (Inaudible)? Doesn't this relate more to future placement or how does this idea of choice get integrated into a system where people didn't have a lot of choice?

Fran: This is Fran. There are some individuals in housing right now that did not have a choice, but in the last two years, everyone who is new to the system has been given a choice.

Female Speaker: Then, who gives them the choice? Is the DDS worker giving them the choice? Is this a question that the provider can answer?

Fran: This is Fran. The process is that when someone is requesting services, residential support, DDS will let other providers know that someone is looking for housing and then multiple providers will response to the request.

Female Speaker: (Inaudible)

Fran: Yes. Then, the individual can interview as many people as they like and then choose the provider amongst the ones...they would call

it shopping. That they interviewed.

Female Speaker: So my question again, would the provider be in the position to answer this question?

Female Speaker: I think so. Because with (Inaudible) and when people shop around, they will come and they will visit and have the opportunity to meet the people that live in the house. And when we give descriptions of the folks living in the house, already in the existing home, they will come, have dinner, meet their other roommates, they will come visit again, maybe do...yeah, I think we are able to provide that.

Libby: This is Libby. So, going back to the person who moved in five years ago, is there a way we can phrase that question, the exploratory question, if the person, I don't know, to put that in the question that if it's been in the last two years or if it's...so they we are not asking about people who moved in five years ago. We are focusing on more recent.

Female Speaker: There are many. We have been here 30 years. Most of our people did not have a choice. And a lot of our people did come because of emergency living situations where they had to, and I think we talked about before, I think they have turned to be very happy in their situation. So, I don't know if that counts.

Terry: This is Terry. One of the things...

Female Speaker: Sorry.

Fran: This is Fran. This is kind of goes back to some of the questions we were saying documentation may be the difference in what the response is to this. This may be a question where the provider answers and says as of this date, yes, before this date, no. This is our new policy or we have never updated our policy and this is how we will move forward.

Terry: This is Terry. We used to routinely ask at each annual (?) meeting, are you living where you would like to be living? And I don't know if that was just us as (Inaudible) or if that is more of a standard question. It was the same with day services. Are you attending the day service...in whatever terms that individual would understand.

Fran: This is Fran. During a person focused survey, the survey also asked are you happy with where you are living.

Libby: But this is going to the provider. This is Libby. So, maybe we can look at these and I will make a note that during another meeting we need to talk about how we will capture that information if the person has been there for ten years, they didn't have a choice ten years ago, but they are happy with where they are.

But, this is Libby, Fran, you said within the last two years people have been given choices.

Fran: At least. I have only been here two years. And as long as I have been here. I believe that was beginning those protocols were starting. They started two years ago.

Libby: And the other thing I heard somebody say was the emergency placements, so that is another item that we will have to consider in this.

Fran: This is Fran. The emergency placements, there are not a lot of choice because we need someone to step up and say yes, we have a safe place for this person, however, once that person has been in the emergency housing and we go through the process of making sure they qualify for DDS services, at that time they will be asked whether or not they are happy with where they are staying or whether or not they want to move to another setting. Then, they will have a choice.

Libby: Okay. So we just need to think about those two items as we come up with the specific questions. If we look at the exploratory questions, does anybody want to comment on any of those?

Terry: This is Terry. I like all the probes in #1 and I like #4 as well, in Connecticut. And a further question we might consider, would be just something very straight forward, does each person indicate they are happy with their current residence, current home, whatever we want to call it.

Female Speaker: Is that something the providers, that it's appropriate for them to answer?

Female Speaker: I mean we have had some that haven't been happy and have chosen to leave our (Inaudible).

Male Speaker: Most people are not too shy when they are not happy.

Female Speaker: They are not shy when they are not happy. If they

are not happy with their roommates, or something happens, not many, maybe only one or two through the years. But things change. Roommates are, you know, they are not shy.

Female Speaker: Okay. So under the exploratory questions, are we okay to keep all three of those? Does anybody have...all good? Terry?

Terry: Have each person indicate if they are happy with their current home.

Female Speaker: The third bullet sort of captures that. I mean, does it reflect their needs (Inaudible).

(Talking over each other)

Victor: This is Victor. I agree with that.

Male Speaker: I guess it's just a matter of how straight forward the question is.

Fran: This is Fran. When you are discussing needs, somebody may like where they are living and may not want to leave, but something may change, where, perhaps they need to be in a wheelchair, so their needs change, and they may choose to stay where they are, but it's no longer accessible for them and no longer safe for them to be there.

Female Speaker: Would could break the questions down in two.

Victor: This is Victor. I think needs and preferences is far more specific than the degree of one's happiness, which can vary day to day and hours within a single day.

Fran: This is Fran. And I think needs and preferences can be very different. I think a preference for somebody versus a need, there may be conflicts there, not always, but from time to time.

Terry: This is Terry. I would suggest we do both, and I think Victor is right. Happiness is relative. It can change and so forth. Lisa and I have seen, as any provider has, people that are consistently unhappy and really want a change. I think both are germane.

Female Speaker: You could break it into two questions.

Male Speaker: Yeah.

Female Speaker: Okay. So, I wrote down the one that Terry just mentioned, are they happy with their current arrangement. And I will put that one of the list. We are going to review these again. So, we are going to include the three exploratory questions and then the question about if the person is happy where they are.

Female Speaker: Can I ask a question or (Inaudible).

Female Speaker: Go ahead.

Female Speaker: This is supposed to be a provider...

Female Speaker: Introduce yourself.

Female Speaker: ...this is supposed to be a provider self-assessment. I don't think it's accurate to ask the provider if the clients are happy. Maybe you could ask them if they provide them with some sort of a form that they give to somebody else. It just doesn't sound right to ask the provider...are you clients, all of them happy.

Victor: This is Victor, and I agree with you Denise. That is something I mentioned last week where I was advocating for, in addition to the assessment that we are putting together here, that we also do a separate one that would ask a question like this and any number of other questions of the individuals, rather than providers, because the individuals would be the ones who answers would have more value.

Female Speaker: That's the direction we are going with the other group. The one with dayhab services. That is the direction we are going.

Terry: This is Terry. I think the look behind is going to have answers to those question. Fran has already indicated they are doing it and they are in the assessment process that I think is public record also and probably known to the people that are doing the look behind. They are asking if they are happy with the home, not the provider. I can live with it either way. It's just one question of many. I think the other ones are more objective, certainly.

Lisa: This is Lisa. And also, every month when the DDDS case manager talks to them, they ask, are you happy with the services you are providing, are you happy with the living...they ask. It's a third party. You know what I mean? They are asked that. I know what you are saying, but on a regular basis they are asked those questions too.

Male Speaker: The look behind is designed to either confirm what the provider found or dispute it. I think we need to keep that in mind.

Victor: This is Victor. And that is true, but I'm glad Denise brought this up because it seems, it echoes where we seem going last week, and by including this third bullet, it seems we are doing both. And by doing both I think it clouds, it muddies the water.

Fran: This is Fran. The committee could consider that part of the assessment is to have a client satisfaction survey that needs to be done by residents within the facility and then the client satisfaction survey data would then be the proof of the response and the evidence.

Female Speaker: So, I would like to recommend that we keep the three bullets under exploratory, and we include the question that Terry came up with, and the third bullet and Terry's bullet, I will make a note that those may be questions for an individual assessment and we will take a look at that when we regroup these questions. Is that okay? Now?

Male Speaker: I'm not sure I heard you right.

Female Speaker: I would like to include, I'm going to make a note of the three bullets and are you happy with your current home question, and then the third bullet and are you happy with your current home. I made a note that those may be questions for an individual survey or an individual assessment versus a residential.

Male Speaker: But if you are asking the questions that is the individual, are the individuals happy with their current home and asking that of the provider, I don't think that is the appropriate question for the provider. I think that question belongs with the individual.

Female Speaker: Do you guys want to speak up on that?

Male Speaker: The question was phrased, and I can live with it either way, it's really, if we don't want to leave it in, I'm fine with that. But the question was phrased does each person indicate they are happy with their current home. A look behind survey or someone that is independent is going to be able to assess that fairly objectively. Certainly, a provider could be tempted to assume positive answers, but they are going to be found out on that in the look behind and

all of the other satisfaction surveys that are...

Male Speaker: Will they be found out though? Because the look behind is going to be random, isn't it? It's not going to be a look behind of every single provider.

Fran: This is Fran. The initial look behind will be a 20% sample, but through the following year the (?) team will be looking to make sure that 100% of the survey's that we do have the assessment tool, that they have access to the assessment tool, and make sure that whatever changes the providers has said they would be making are in place. So, within a years' time, there should be a 100%.

Libby: This is Libby. Lisa, you had a comment earlier, you said this is a question that DDDS usually asks people?

Lisa: This is a question that DDDS asks monthly when they have contact with the residents in our houses, number one. Number two, we have regular team meetings with the DDDS staff and our agency staff. We have members of her department that are in on a regular basis at least yearly, doing audits of our home and satisfaction surveys.

Male Speaker: How are they asking it?

Lisa: DDDS is constantly in our homes asking. I think the bigger concern would be, I'm sorry to say, with foster care, than with providers. We are licensed facilities, most of us, and DDDS has a huge presence on in all of our homes on a regular basis. Do you agree?

Fran: This is Fran. I agree.

Lisa: They are always in our homes. I mean, they always have a presence. The nurses are in our homes once a month. The social workers are in our homes. The BAS...DDDS has a huge presence in our homes. I have no problem if you take it out or leave it. I don't think any providers have anything to hide. I have a bigger concern with the foster people saying yes, these people are happy in our home and how you are going to evaluate that, because people are not in those homes.

(Talking over each other)

Female Speaker: And to that point, what is the proof of it. That was going to be my thing. When we get down to the nitty gritty of it, what would you provide as proof if we are expected to prove it? Whether they say yes or no, we have monthly case management notes and that

would be the proof. I think the more important question is can people make confidential reports when they are not happy. But I think that is addressed (Inaudible).

Fran: This is Fran. When the 100% in the following year is done, the (?) staff will collect data and the question that says, are you satisfied where you are living, are you happy here? That data quarterly will be collected, but if we go into an agency where they answered yes, the individual who live here are happy here, and through that process we ask the four individuals and all four say no, then we go back to the agency and say, what did you use to glean this information from because it's conflictual with what we are seeing.

Terry: This is Terry. Let's just take it out. I think if (Inaudible) it's really not that important.

(Inaudible)

Victor: This is Victor. I just think the question, whether it's the providers or the individuals are happy is one of the least valuable questions that can be asked. I can be living in a facility that provides gold standards in which way you look and be miserable, yet, I would find it much more valuable to know whether I have a choice of where I want to live and whether where I am living is providing the various services and supports that are required.

Kathy: This is Kathy. Couldn't we just go back to splitting the third bullet into two - saying does the setting reflect the individuals current needs and then the second question, does the setting reflect the individuals current preferences. That's not getting into the emotion of the happiness versus the unhappiness. But it is looking at preferences. This person made a choice. They have a preference for this versus that. Would that....

Melinda: I agree with that. This is Melinda. I agree with that, especially since a lot of people, it might suit their needs where they are living, but not necessarily their preference. (Inaudible) It's a service restricted thing. I would rather be in an apartment on my own, but I can't live in an apartment on my own.

Gary: But you made that choice. This is Gary. The setting is selected by the individual from among options. That's what you have done and you didn't talk about the emotion, happiness versus unhappiness.

Female Speaker: Okay. So we are going to keep those three bullets

turn the third bullet into two, split that out. Any other ones that we want to include?

Female Speaker: Can you make it four?

Female Speaker: Can I get four?

Male Speaker: I suggested that one. I think it's a very significant question.

Female Speaker: Does it get at the PAs question, right below it, page 5, PA, which is, are you offered the option, I know it's required, that, the people are given the option even though it may cost more. I mean obviously there is a cost factor, (Inaudible) it may not be possible. I think Connecticut's question probably does capture that, I just wanted to see what you thought.

Terry: Either one or both would work for me. This is Terry.

Female Speaker: I would like to say, let's include those two and move on because there is another question on here about roommates and choices and sharing units. So, I'm going to say let's put those two on there and then when we redo this, it might be covered under another bullet. But let's keep going. Anything on page 16? Again, regarding to options, living options?

Female Speaker: These are all questions that have to be asked.

Female Speaker: No they don't.

Female Speaker: Why wouldn't they have to be asked?

Female Speaker: Because these are the four housing residential habilitation in Delaware, per our transition plan.

Female Speaker: So none of these, they have no perspective value at all?

Female Speaker: Not what I said. I believe if it was important to ask, it would have been in the CMS exploratory questions. My personal opinion.

Melinda: This is Melinda South. I wanted to ask a question about page 7. Do we have people who are receiving this funding who are in nursing homes?

Fran: This is Fran. No. Nursing facilities are not qualified under the home community based waiver in the state of Delaware.

Melinda: But do we have people who are in nursing homes receiving services?

(Talking over each other)

Female Speaker: Not under the waiver.

Female Speaker: These are the environments that are completing the assessment.

Female Speaker: I just wondered if for future use if this assessment tool...

Libby: This is Libby. Fran mentioned last week that this is for current environments only. The current environments as defined in the Delaware Transitional Plan...

(Talking over each other)

Female Speaker: So it won't be used in other settings? Is that correct?

Fran: This is Fran. When you say other settings, do you mean...beyond this assessment?

Female Speaker: If there is a setting beyond this assessment, (Inaudible).

Male Speaker: Good question.

Fran: This is Fran. If there is something developed beyond this point, the setting will have to be in compliance with the CMS rules. So there really wouldn't need to be a self-assessment because part of the authorization will have (Inaudible) would be to determine that all new providers meet the CMS rule.

Female Speaker: Okay. But all new development would fall (Inaudible).

Fran: This is Fran. As far as I can tell yes, however, somebody can always come up with something new and innovative and think out of the box and so, I wouldn't say we are locked into this forever.

Male Speaker: Fran, is it accurate to say that these questions on adjacent to an institution in a building (Inaudible) those could all be included in the look behind?

Fran: This is Fran. They could be included in the look behind. Again, if you take each of those separately, nursing facilities would not be included. Institutions for mental diseases would not be included. Public and private ICFs would be included to the point that we do still have residents still living on the grounds of the Stokley Center, however, within the next year, they will be moved, and we are reducing the number of individuals living in Stokley, so that will be Stokley's responsibility. I'm assuming hospital means medical hospital, and while individuals on the home and community based waiver may be in the hospital, the hospital services are not covered by the waiver. So this...

Male Speaker: So are you thinking we should include some of these questions?

Fran: I'm suggesting you may want to consider if some of these questions are valid in the state of Delaware.

Kathy: This is Kathy. Can you tell me the difference between a neighborhood group home and a community living arrangement?

Fran: Yes. The neighborhood group homes are larger congregate living settings with unrelated individuals, up to four individuals, living in the facility.

Kathy: Up to four.

Fran: Up to four. And there is generally staffing around the clock so it's a setting that if individuals feel they need support more frequently in the evening, they can choose a neighborhood home in order to have that level of support. In a community living arrangement, that would be an apartment arrangement. There may be roommates with one or two people, and those staffing needs are based on the individual's needs, so one person may have two staff members available during waking hours, when one person only needs one. There may be staff during sleeping hours, but it really depends on the individuals living in the environment.

Lisa: This is Lisa. (Inaudible)

Female Speaker: Yes. Please do.

Lisa: (Inaudible) Neighborhood homes are licensed facilities, where long term care comes in. They are also stand along homes that are not attached to anything else. And they are staffed 24 hours when the clients are there. When they are out during the day (Inaudible). CLAs for all intents and purposes are staffed the same exact ways, but they are not stand alone homes. They are either town homes or condos that are connected. So they are not stand alone homes, but they are staffed the same way. All of mine are staffed 24 hours. They have the exact same support, the only difference with CLAs and neighborhood homes are the structure of the homes.

Kathy: This is Kathy again. I was getting confused, because my son, they told me he was in a neighborhood home, and then I'm looking at community living arrangement and that's apartments, so, (Inaudible).

Male Speaker: Functionally, there is very few differences in my experience. Supported living is where you get into less than 40 hours a week. That's significant...

Bill: This is Bill. Can you cut out the acronyms? I really would like to have the whole thing.

Female Speaker: I'm sorry. That's why thought she put that up there earlier. I thought you would see that at the beginning.

Bill: No. Everyone is saying ACL and CPL, just say the whole thing for God's sake.

Fran: This is Fran. The licensing issue has to do with long term care and residence protection, where by code they have been responsible for licensing group homes. So, they continue to do that in neighborhood homes because they are considered group homes fall under that category. The community living supports in the community, the apartments, condos, things of that nature, do not fall under the code, so they are not licensed by long term care, but we do have individuals living in apartments whose needs may vary. We determine it when their particular needs, we do assessments and things like that. There may be some homes that may or may not look like neighborhood homes. So...

Gary: This is Gary. Is there a reason to keep those categories separate if there is such overlap? I mean, I don't know if those are discrete categories.

Fran: This is Fran. I think the comment about licensing is a good one. The other living arraignments, community living arrangements, shared living, would fall under what we call a certification from DDDS, where DDDS certifies whether or not certain standards have been met, so that Medicaid will continue to reimburse for the services. Whereas a group home falls under the licensing standards that long term care residents protection. We are actually, the standards we are writing now will have to go to them and be approved by them.

Male Speaker: Are the situations that were just licensed or (Inaudible).

Fran: This is Fran. Community living arrangements would not be licensed and shared living would not be licensed because they do not fall under the definition of the code.

Female Speaker: So, going back to page 16.

Female Speaker: (Inaudible) The only question I had was Tennessee question #3. Whether that is information (Inaudible).

Female Speaker: I'm sorry.

Female Speaker: I'm just wondering if that was something DDDS would want to ask.

Fran: This is Fran. The providers do not own or operate multiple homes. That question? I believe DDDS as part of their own assessment will be looking at where properties are located. I know that one question that we may be asking the department is does that question relate specifically to DD homes, because there are pockets in the community where there may be one of our group homes, a mental health group home, and some other kinds of supportive living situations that are not necessarily DD related.

Female Speaker: Page 17, J. (Reading) If provider owned or controlled the setting provides a specific unit dwelling that is owned, rented, occupied...

Bill: Excuse me. This is Bill. Why are we skipping over page 16?

Female Speaker: We just discussed page 16. I just asked if anybody had any comments or questions on 16.

Bill: Okay. Go on.

Female Speaker: Did you have any comments?

Bill: Nothing.

Female Speaker: Page 17. J. Let me see...J, K, and L, to me, kind of overlapped a little bit about legally enforceable agreements and evictions. So, we might want to look at J, K, and L, kind of together. And if somebody can maybe explain to me how those three are different. Or maybe we combine one or two of those.

Laura: This is Laura. (Inaudible) J is an agreement to, do they have the same legal protections, or due process protections from evictions as tenants would have under the landlord/tenant code. And then the third is, does the state, if the state is ensuring that those things are in fact true. That there is an eviction process. J and K are kind of the questions you want to address and L is the state's problem to be able to (Inaudible). That's the way I read it anyway.

Terry: This is Terry. Fran, has DDDS given any thought to the possibility of standardizing some sort of provider/tenant agreement, just for the sake of expediency here?

Fran: This is Fran. Part of our internal process and our own assessment is to look at landlord/tenant laws in the state and to review them to determine whether or not we need to do anything more around the law or if we are in compliance with the law or if we need to introduce something new to the secretary. So, we will be looking at those as part of our own internal process. Whether or not there will be any changes, I'm not sure.

Laura: This is Laura. I think you are going to have to amend (Inaudible) and what it covers to (Inaudible).

Fran: This is Fran. It's interesting, some of the county codes address tenant/landlord codes and they are not always completely in sync with the state codes. So, we also have to look at those.

Female Speaker: (Inaudible)

Fran: Some of the county codes can get a little bit more in the weeds and specific.

Female Speaker: So Laura, I don't know if you can explain those three again.

Laura: One other thing I will mention, I don't know if there is any HUD money in any of these properties. They have rules too.

Male Speaker: Absolutely.

Laura: They have procedural protections under HUD rights for residences too. That can get very complicated.

Fran: This is Fran. It gets messy because county code, you have to look at county code, the state code, and HUD. One of the things we are tasked with is to try to make all those things come together in a way that seems reasonable and makes sense and meets CMS rules.

Laura: Could I just speak? I think until that is sorted out, I don't even know if we should be asking that question.

Libby: This is Libby. I was just going to ask, what are the appropriate questions to ask the providers, or the shared living arrangement owners? For J, K, and L, what are the appropriate questions...

Fran: This is Fran. A suggestion I would make is that outside of the code, there are providers who ask residents to sign leases, some, it's almost like a sublet for some apartments. Others, the individual sign their own lease. So, it really depends on the provider. It's not every provider. But it up to the provider to make some decisions about that. This may be one of those questions where a provider says yes, we have this agreement signed, or someone will say, no we don't have the agreement signed, but there are certain expectations at every residential setting of what the resident should be doing and what the owner, whether that be the provider or someone else is responsible for.

Gary: This is Gary. You are saying outside the code. Do you all look at those agreements or are some folks (Inaudible).

Fran: This is Fran. I'm referring to something like a housing agreement. The agreement is for x-number of dollars a month and you will pay this, in return, this is what you will receive. So that could be considered an agreement under this question which is not necessarily part of the code.

Male Speaker: But it would be okay legally under the code? I don't know...

Fran: A housing agreement. This is Fran. It's not the same as a lease, but there are agreements. I think when we get into the supported living we are looking more at individuals actually having their own leases.

Laura: Laura. Lease is a defined thing in the landlord/tenant code. I mean, I think what they are getting at is if you're not going to have a lease and you have to have some sort of agreement and they are saying it needs to be legally enforceable, it could just be, if it doesn't fall under the landlord/tenant code, it could still have some contractual enforceability. Sort of, I don't think they are saying that you have to ensure that all these agreements are under the landlord/tenant code. That is one way of doing it. But I think there is probably some other ways of doing it too.

Gary: This is Gary. I was just thinking that you are looking at a population with various needs, different needs. Whereas a standard lease, I guess, would be more applicable to the general population, whoever that is. So, these are constructed particularly for people with disabilities, the different variations in these individual leases. You know what I am trying to get at?

Female Speaker: I think Hawaii's question under clients home, Hawaii's #1, does your client have an agreement in writing for where he or she lives? I think that gets at an agreement that doesn't necessarily specifically ask about legal responsibility with leases. I think the question is asking more are there agreements, does the individual know what their rights are when they are living in your home. But we would have individuals living in supportive living who actually are signing leases in their apartments.

Gary: I can see the need for there to be some variation because of the nature of the population depending on their intellectual level and all that. I was thinking would there, is there a place where it would become a problem, like not having a lease or document would be a problem, but is the lease or document satisfy whatever the most basic kind of agreement there can be?

Terry: This is Terry. Wasn't there some kind of agreement necessary required by regulations?

Melinda: This is Melinda. We do have people sign something that states the room and board costs, every year when they change. I am asking (Inaudible).

Laura: This is Laura. What's more complex is the eviction process and you know, (Inaudible). I wondered how it would work in a shared living arrangement for example, when you are living inside somebody else's house. Normally, under those circumstances, that is not, that is very rarely come under the landlord/tenant code. (Inaudible)

Fran: This is Fran. That becomes a contractual agreement with DDDS. So if you are living in say a neighborhood home, we require a 30 day notice before you ask someone to leave, with the understanding that if a place has not been secured within 30 days you still have to support that person. The shared living...

Female Speaker: Is that something that both parties sign? Or is that...

Fran: It's part of the contract.

Female Speaker: But the resident is not party to that contract?

Fran: No. It's the contract between the provider and DDDS.

Female Speaker: (Inaudible)

Libby: This is Libby. I'm just wondering would we need a set of questions for each of those four maybe.

Laura: This is Laura. Actually, I think these very simple questions for now would probably be sufficient.

Female Speaker: Like what?

Laura: Like Hawaii's questions. I mean, it's not making any judgements about the quality of the agreement or what's in it. Just do you have one or not. I think that is something that will need to get flushed out by the...

Lisa: This is Lisa. The Salvation Army signs all the leases for all these houses and then the residents, at their annual meeting, sign the room and board agreement, but they agree that their room and board will be paid through the Salvation Army paid.

Female Speaker: So that would be the agreement in writing.

Lisa: And then our drop in support would be like Fran said. I do have three or four sites where they sign their own lease and pay their

own rent because they are in charge of their own money.

Terry: This is Terry. Wasn't there some kind of admission agreement too? I mean I have been out of it a few years, but maybe that was just us. Fran?

Fran: This is Fran. There is no longer an admission agreement. The admission agreement had to do with kind of an orientation process when you went to a particular group home. And that was back before you, it was kind of like, you are going to live here, here are the rules. Now, we look more to a housing agreement, which is very similar to what has been described here.

Male Speaker: So you do require that?

Fran: We require a housing agreement, some sort of agreement that the individual has chosen, even if it's something that says, has the individual chosen to live here and on the agreement yes or no, and then again, they have to have information about what their financial obligations are to the residence.

Female Speaker: Does it also cover eviction? I mean that is the question. (Inaudible)

Fran: In the neighborhood home it does not cover eviction.

Female Speaker: Because you are covered by the discharge (Inaudible). But the other ones that are not licensed, what do they have? (Inaudible) Do they have anything?

Female Speaker: I think it becomes an agency responsibility through our contract with DDDS. I don't think it effects them personally, correct?

Fran: I think if you look at Connecticut's #39, is the residence owned by someone other than a provider or provider affiliate, we do have providers who are renting apartments, and so, I guess the question there is if the landlord goes to the landlord and says we are evicting everybody, then that would fall under the code, but if the provider came to us and said we don't think we can support this person, they only have to give us 30 days' notice.

Libby: This is Libby. Okay. We need to move on. I'm just wondering. Laura and maybe one or two providers, would you guys maybe be able to exchange some thoughts via email over the next week on questions

around these three topics.

Female Speaker: (Inaudible)

Terry: This is Terry. On our agreement, and I'm not saying it's perfect, I'm pretty sure it's not, but in our rights/restrictions assessment, we had four questions on it. I can read it if you like.

Female Speaker: Okay. Well, Terry, maybe you can exchange some emails...

Terry: I already have shared these with folks. It's item 23. Again, it's just a starting point. Among them would be the person received notice of the agency's intent to discharge or transfer them at least 30 days prior to discharge. Fran has already said that is required. The next one is each such notice is accompanied by an explanation of the person's right to appeal a decision to the admissions release committee. I think that's reasonable. The next one is discharges or transfers are completed in accordance with all agency, DDDS, and other applicable policies, procedures, laws, and regs. Very generic, but I think it would probably cover the bases. And the final one is that there is documentation of the discharge and related issues.

Laura: This is Laura. The other thing, what you typically find is any of these things (Inaudible) there is a predeprivation notice. They tell you in advance. They give you an opportunity for a hearing. Sometimes there are two levels of appeal. The other issue I have is like in the landlord/tenant code anyway, usually you are given a chance to cure. Like, you are given a seven day or ten day notice saying you have broken this lease rule, you have done this wrong, and you have, you are on notice that we are going to evict you or discharge you if you don't correct the behavior or whatever you are doing. It would be nice to have something like that. It is an important part and I think it would be beneficial, you know, if somebody is given some idea, this is the rule you have broken, fix it or we will have to proceed with termination.

Fran: This is Fran. I don't know that any of the housing contracts are that specific. And where that becomes problematic is that for individuals with an intellectual developmental disability, their communication styles can often be difficult, and so, if we were to list, you can't break things, you can't yell, people would have no place to live.

Female Speaker: You would be kicked out...

Female Speaker: I'm not suggesting you do it.

(Laughing) (Everyone talking over each other)

Female Speaker: It's something that they could correct.

Female Speaker: Would cost. Some way to have, to ask somebody to (Inaudible).

Female Speaker: Yeah. So there is an opportunity to correct the problem if it's correctable. Sometimes they are not correctable.

Female Speaker: Okay. So, Laura, Terry, you two, exchange some ideas and present it next week.

Victor: Libby, this is Victor, for open meetings purposes, is that from a civil, this kind of exchanging of emails and thoughts about this outside of here?

Gary: This is Gary. I'm sorry Victor, could you say that again?

Victor: I'm just wondering with open meetings laws, whether that suggestion of the exchange among a few of the members of this group outside of this weekly meeting is permissible.

Fran: This is Fran. I think the committee has some leeway in assigning an ad hoc committee, that will have to bring information back and report.

Female Speaker: And they are not making any decisions. I just don't think that, I don't know the answer, but I think it would be good because these questions don't seem to relate to Delaware very well. So if we could have another grouping of some questions to review next week. We are not saying we are going to accept any of the questions, just some other ideas. Unless you took notes on everything everybody said, which I didn't.

Male Speaker: Well, we have the tape recorder. (Inaudible)

Female Speaker: I mean, that's a lot of information and it's kind of above me. I don't know what each setting requires individually or by law, so I would appreciate some (Inaudible).

Melinda: This is Melinda. And one of the things I will say, I didn't

want anybody to get the idea that these sites are not licensed, they are licensed through DDDS. It's not like through long term care, the community living arrangement, that's the only difference there. The information that we'll pull are things like the lease agreement, which we can then come back and review, or maybe we should even look and see if it satisfies the questions by saying are the residents aware of some of the contractual agreements, like the 30 day notice of discharge.

Fran: This is Fran. Actually, anything that is not licensed by long term care is certified by DDDS, so licensing and certification would be two different processes. And a suggestion maybe that for providers at the table to look at your housing agreements and see what they say, particularly if you have providing services in multiple settings. Then, be able to compare those and see what the differences are and how they are similar.

Female Speaker: As far as the point, (Inaudible) is licensed by (Inaudible) to speak to the discharge process. There are regulations in place for discharge that protect residents of neighborhood group homes that you don't have for (Inaudible).

Libby: The other option, this is Libby, if we don't want to go off with another group, if a couple of you could go back and create some questions and send them to me that we can review at next week's meeting. We don't have to use these questions. We can create our own questions. So, why don't we do that, so we are not breaking any rules? So, Laura, Terry, Lisa, Linda, if you could come up with some thoughts around J, K, and L, come up with some questions that we can review next week.

So, if we move on to M. Privacy in their sleeping or living arrangement. Again, privacy is also included under A. I probably put most of those questions under A.

Female Speaker: (Inaudible).

Libby: So, we can either lump all of the privacy questions under A, or take them out of A and put them under, I don't know how you split out just privacy and sleeping. There is also the locks and keys, is also a separate item that kind of relates to this as well. Any thoughts on how to split those out?

Maybe if we leave M to next week with privacy under A, and take a look at N, lockable entrance doors with appropriate staff having

keys. There are some exploratory questions, (reading) can the individual close and lock the bedroom door or bathroom door? Do staff or other residents always knock and receive permission prior to entering? On the top of the next page are a few more.

Maybe that is enough for today.

(Laughing)

Male Speaker: (Inaudible)

Female Speaker: We are about on time anyway.

Terry: This is Terry. Others may disagree with me, but I think (Inaudible) the bedroom kind of represents the personal space. I think we have some fairly good questions here on the bottom of page 18. Can the individual close and lock the bedroom door? Can the individual close and lock the bathroom door? Do staff and other residents always knock and receive permission prior to entering, and, those would be the good starting questions from my perspective. For item M, right?

Female Speaker: Yes.

Female Speaker: So, if we start with A, B, C, are we in agreement that we should keep those three?

Female Speaker: Yes.

Female Speaker: We will continue on M, N, next week. So, on our agenda, the next topic, let's talk about what we are going to review next week. I think we have some quick ones coming up toward the end of this document, but then we have to go back to A and B that we didn't cover today. So, does everyone agree that should continue with this document next week?

Female Speaker: Yeah.

Male Speaker: We are on a role.

Female Speaker: I think it was helpful to combine them.

Female Speaker: Yes, it was.

Male Speaker: Thanks for doing that work.

Male Speaker: Thank you Libby.

Libby: You're welcome. Our next meeting is next week, May 7th. So what do we have, like five meetings before this is due? So, next week we will finish this document and consolidate and be finished three weeks early.

(Laughing)

Libby: Just kidding. So the next meeting is next week, May 7th, 1:30, here. If you have anything that you would like to add to the agenda, just send it to me Monday.

Does anybody have any other comments or questions or anything to add before we wrap up? No? Okay. Thank you.

Female Speaker: Thank you.

Female Speaker: Thank you.

Libby: Thanks Kimberly.

That eviction stuff and lease stuff, I tried to figure that out and I just couldn't figure that out.

(People talking in the background)

Male Speaker: If you have a regular lease, it's spelled out...

(Inaudible)